Manitoba Health Statistical Update on HIV/AIDS

1985 - 2004

Manitoba Health

Manitoba

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Dear Colleague:

We are pleased to present you with an electronic copy of the ***Manitoba Health Statistical Update on HIV/AIDS, 1985 to 2004***. Please note that this report is provided on an annual-basis and is available electronically on the CDC Unit's web-site.

This Update as well as other provincial surveillance data may be found on at the following address:

http://www.gov.mb.ca/health/publichealth/cdc/surveillance/index.html

To access national surveillance reports, please visit the Public Health Agency of Canada's website at:

http://www.phac-aspc.gc.ca/hast-vsmt/public_e.html

If you wish to review a hard copy of this report, please contact the CDC Unit at 788-6734.

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MANITOBA HEALTH STATISTICAL UPDATE ON HIV/AIDS 1985 TO 2004

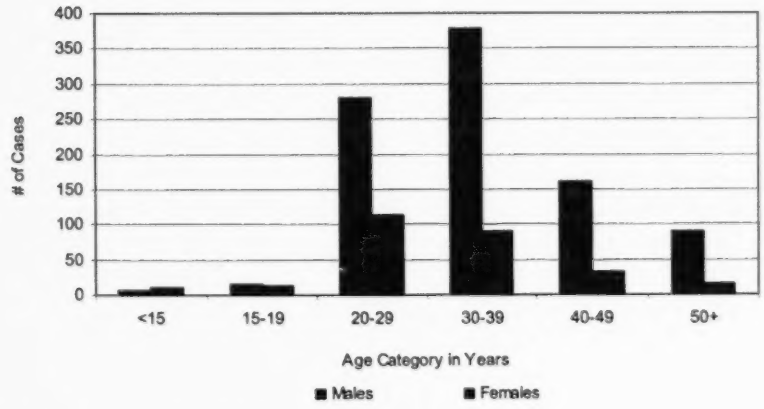
HIV – January 1, 1985 to December 31, 2004

Between January 1 and December 31, 2004, 109 newly diagnosed cases of HIV were reported in Manitoba; 65 males and 44 females, bringing the total number of cases to 1204 since 1985. While females represent 23% of all HIV cases reported since 1985, 8% of HIV positive individuals were accounted for by females between 1985 and 1994 as compared to 32% between 1995 and 2004. The majority of all new cases, both male and female, were between the ages of 20 and 39 years.

NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE, 1985-2004

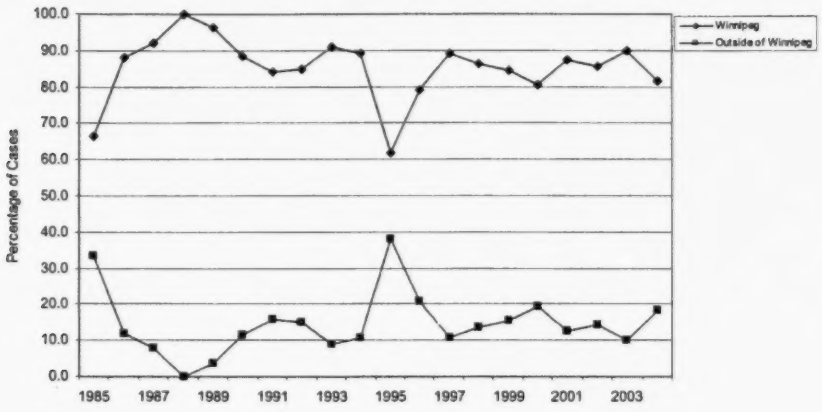
Year	Male	Female	Total
1985	3	0	3
1986	70	0	70
1987	50	3	53
1988	37	4	41
1989	57	3	60
1990	40	3	43
1991	33	6	39
1992	39	6	45
1993	55	4	59
1994	50	7	57
1995	42	9	51
1996	37	16	53
1997	59	17	76
1998	53	18	71
1999	52	20	72
2000	38	19	57
2001	39	26	65
2002	41	29	70
2003	70	40	110
2004	65	44	109
Total	**930**	**274**	**1204**

NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY AGE AND GENDER IN MANITOBA, 1985-2004



With the exception of 1995, regional distribution of newly identified HIV cases has remained consistent since the early 90s with over 80% of the cases residing in Winnipeg.

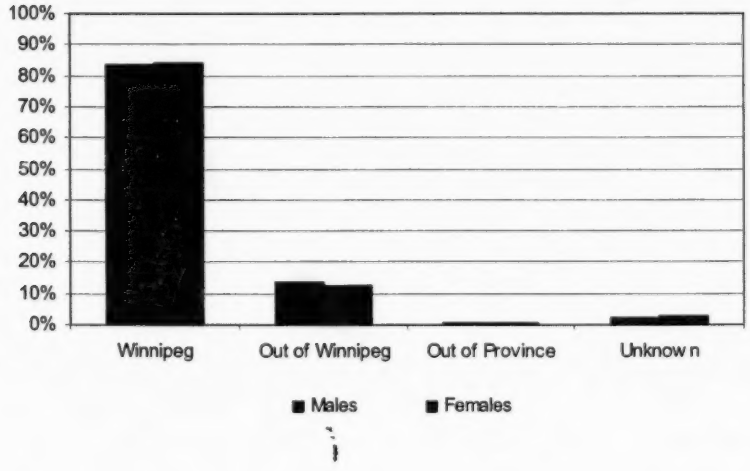
PERCENTAGE OF HIV POSITIVE CASES* BY REGION OF RESIDENCE, MANITOBA, 1985-2004



*Cases residing out-of-province or of unknown residence (at the time of testing) are excluded (n=35).

Between 1985 and 2004, 84% (n=1008) of all HIV cases reported (at the time of testing) were residents of Winnipeg, while 13% (n=161) of cases resided outside of Winnipeg. Of the total cases, 2% (n=29) of individuals were from out of province while <1% (n=6) of individuals reported missing or unknown geographic information.

PERCENTAGE OF HIV POSITIVE INFECTIONS IN MANITOBA BY REGION OF RESIDENCE AND GENDER, 1985-2004



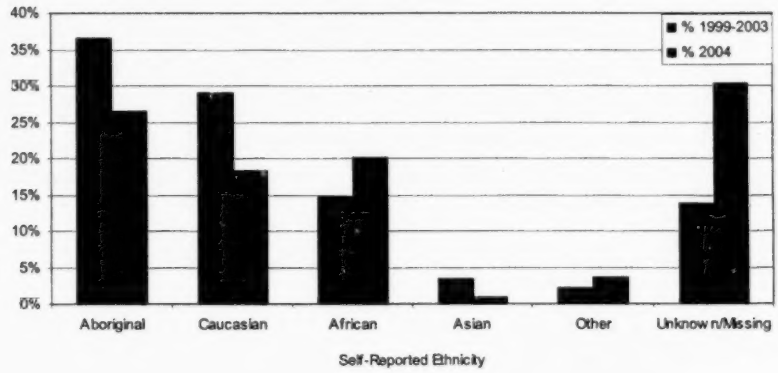
Self-Reported Ethnicity

Observed changes in ethnic distribution between the 1999-2004 are difficult to interpret as almost one-quarter of all HIV Notification forms have incomplete ethnicity information.

In 2004, 27% (29/109 cases) of the newly diagnosed cases of HIV were self-reported as Aboriginal at the time of follow-up, while 20% (22/109 cases) were self-reported as African and 18% (20/109) were self-reported as Caucasian. The most common mode of transmission for Aboriginals was heterosexual activity with person(s) at increased risk of HIV (12/29 cases; 41%). For African, the majority of individuals reported endemic[1] (19/22; 86%) and the majority of Caucasians reported MSM[2] (15/20; 75%).

Between January 1999 and December 2003, the majority of new HIV cases self-reported as Aboriginal (137/374 cases; 37%), Caucasian (109/374 cases; 29%) and African (55/374; 15%). The predominant modes of transmission observed between 1999 and 2003 were slightly different. For Aboriginals, the most common transmission category reported was IDU[3] (72/137 cases; 53%). The predominant mode reported among Caucasians was heterosexual activity with person(s) at increased risk of HIV (45/109 cases; 41%) while the most commonly reported mode of transmission continually reported by African was endemic (45/55; 82%).

PERCENTAGE OF NEW POSITIVE HIV CASES BY ETHNICITY IN MANITOBA, JANUARY 1999 TO DECEMBER 2003 AND JANUARY 2004 TO DECEMBER 2004



It is important to note that these data are self-reported and reflect individuals coming forward for testing. Misclassification may occur when the case fails to self-identify, leading to under-representation. In addition, 18% files of HIV cases reported between January 1999 and December 2004 were incomplete due to missing or unknown information pertaining to ethnicity.

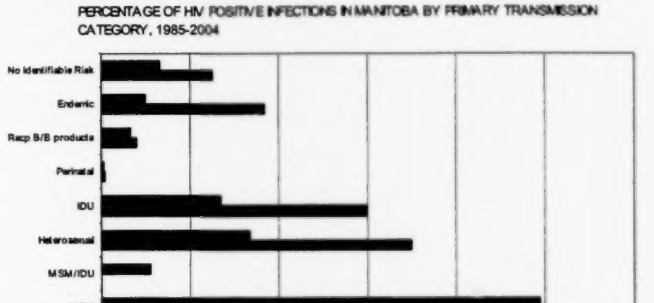
[1] Endemic includes persons originating from or residing in countries with a high prevalence of HIV.
[2] Men who have sex with men.
[3] Injection drug use.

HIV Transmission Patterns

Of the 44 females testing HIV positive in 2004, the predominant modes of transmission were having lived in an HIV endemic country (11/44 cases; 25%) and sex with men who are at an increased risk of HIV (7/44 cases; 16%). Of the 65 males testing HIV positive in 2004, the predominant modes of transmission were men who have sex with men (21/65; 32%) and sex with females who are at an increased risk of HIV (11/65; 17%). Note that no identified risk was reported for 41% (n=18) of females and 26% (n=17) of males.

Between 1985 and 2004, the most common modes of transmission for females include sex with men who are at an increased risk of HIV and injection drug use. For males, the primary modes of transmission were sex with men, IDU and sex with women who are at an increased risk of HIV.

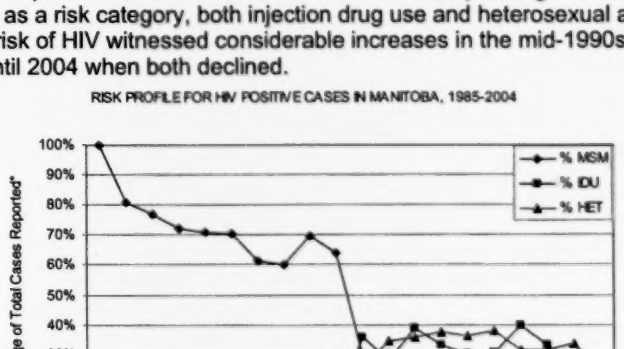
PERCENTAGE OF HIV POSITIVE INFECTIONS IN MANITOBA BY PRIMARY TRANSMISSION CATEGORY, 1985-2004



In total, MSM, IDU and heterosexual activity with person(s) at increased risk of HIV represent approximately 90% of all HIV antibody positive individuals diagnosed between 1985 and 2004 (excluding cases with missing/unknown mode of transmission; n=95). However, it is important to note that there is a steady increase in cases reporting having lived in an HIV endemic country as their primary mode of transmission. This transmission category has more than tripled between 1999 and 2003 from 6% (4/72) in 1999 to 19% (21/109) in 2004.

Examined over time, it is evident that the proportion of individuals reporting MSM has declined since 1985 with a substantial drop in 1995 and an increase in 2004. Corresponding to a decline with men who have sex with men as a risk category, both injection drug use and heterosexual activity with person(s) at increased risk of HIV witnessed considerable increases in the mid-1990s and have generally platueaued until 2004 when both declined.

RISK PROFILE FOR HIV POSITIVE CASES IN MANITOBA, 1985-2004



*Cases with no identified risk (NIR) were excluded from the denominator; endemic, perinatal and recipient of blood/blood products were not included in the graph
IDU includes MSM/IDU

For descriptive HIV tables, please refer to Appendix C.

AIDS – January 1, 1985 to December 31, 2004

Please note that this report describes AIDS cases based on year of diagnosis of their first AIDS defining illness and not the year that the individual was reported to Manitoba Health as done in previous years.

In 2004, 5 new cases of AIDS were identified; 2 cases were male and 3 cases were female. These case reports bring the total number of AIDS cases to 233 since 1985. The number of reported AIDS cases has declined somewhat over recent years, due in part to early diagnosis and improved treatment of individuals with HIV infection. Seventy-six percent of individuals reported with AIDS have died; however, delays in reporting of both cases and deaths make it difficult to determine precisely the incidence and mortality rate.

Further description of AIDS cases can be found in Appendix D.

APPENDIX A

Reporting of HIV and AIDS in Manitoba

In Manitoba, HIV testing is non-nominal. A prescribed patient code is assigned when a physician completes the appropriate requisition. This code includes the last two letters of the mother's maiden name, the patient's year of birth, day of birth, gender, regional health authority (as defined by number) and first three characters of the patient's postal code. Prior to August 1998, the former Manitoba Health region (as defined by letter) was assigned to identify the patient's region of residence. As well, postal code was not included.

All HIV antibody testing is carried out at the Cadham Provincial Laboratory (CPL). Positive test results are subsequently reported to the Director of Communicable Disease Control as required by the *Diseases and Dead Bodies Regulation, Public Health Act*. It has been the practice of Communicable Disease Control (CDC) Unit to enter case information into the HIV Database *after* the physician (requesting the test) has verified the test result as a new or existing case. However, there have been delays in the completion of and return of the *Notification of HIV Infection Form* (Appendix B) by health care professionals. Consequently, all HIV positive test results are considered new cases unless otherwise advised by the appropriate health care professional. This practice will avoid the under-reporting of HIV in Manitoba, although, duplicate cases may be included. The CDC Unit continues to work with Regional Health Authorities towards a satisfactory resolution in this regard. A collaborative effort between the Winnipeg Regional Health Authority and the CDC Unit, Manitoba Health has decreased the number of outstanding *Notification of HIV Forms* for 1999 to present.

Twice a year, line-listed data from the HIV database are extracted and forwarded to the Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada in Ottawa for inclusion within the national report, *HIV and AIDS in Canada*. Although non-nominal, the prescribed patient code is stripped prior to release. Instead, a sequential case number assigned by the database is used to distinguish one case from another.

Provincially and nationally, AIDS cases and deaths are reportable by physicians. A federal reporting form, the *AIDS Case Reporting Form* is used for this purpose. New AIDS cases and deaths are reported to the Director of Communicable Disease Control and subsequently forwarded to the Centre for Infectious Disease Prevention and Control. The Centre works diligently with other provinces to ensure that there are no duplications in the counting of cases. The variations seen from previous reports with respect to the number of AIDS cases and deaths may be accounted for by delays in reporting as well as the fact that in Manitoba, the database is updated immediately once surveillance staff are notified that a particular case has been accounted for in another province.

APPENDIX B

NOTIFICATION OF HIV INFECTION (Form prescribed pursuant to subsection 43(2) The Public Health Act: P210)

DESIGNATED PATIENT CODE _____ **PHYSICIAN NAME**

(As per CPL requisition: Last two initials of mother's maiden name; year of birth; day of birth; gender; RHA of residence code; 3-digit forward sortation postal code)

LABORATORY REQUISITION NUMBER _____ **SPECIMEN DATE** _____/_____/_____ yyyy mm dd

PRINCIPAL REASON FOR TEST (ONE ONLY)
- ☐ Requested by patient (no risk identified)
- ☐ Risk factor present (asymptomatic)
- ☐ Symptomatic ☐ STD work-up
- ☐ Travel ☐ Insurance
- ☐ Prenatal
- ☐ Other (specify) _____

GENDER ☐ Male ☐ Female ☐ Trans-gender

If female, pregnant? ☐ Yes ☐ No
Receiving anti-retroviral drug(s)? ☐ Yes ☐ No

M/S ☐ Unmarried ☐ Married/CL ☐ S/D/W

COUNTRY OF BIRTH
☐ Canada ☐ Other _____
If other, year of arrival in Canada _____

ETHNICITY
☐ Caucasian ☐ African/African-American
☐ Aboriginal ☐ Asian
Other _____

If aboriginal, treaty status: ☐ Treaty ☐ Non-treaty
Band number: _____

CLINICAL STATUS

Are HIV-related symptoms present? ☐ Yes ☐ No

Does the patient have AIDS? ☐ Yes ☐ No

PAST HISTORY

1) Previous HIV testing? ☐ Yes ☐ No ☐ Unknown
If yes:
Date of most recent negative test: _____
Date of first positive test: _____

2) History of STD ever ☐ Yes ☐ No

3) STD in past 3 months ☐ Yes ☐ No

4) Previous blood or tissue donation ☐ Yes ☐ No

If yes, most recent date _____

Location _____

RISK INFORMATION
(Since 1978; check all client characteristics that apply)

	Yes	No	Unk.
1) Has had sex with:			
A male	☐	☐	☐
A female	☐	☐	☐
2) Has had heterosexual sex with:			
A bisexual partner	☐	☐	☐
An unknown partner	☐	☐	☐
Multiple sex partners	☐	☐	☐
A sex trade worker	☐	☐	☐
A client of a sex trade worker (i.e. patient is a sex trade worker)	☐	☐	☐
A person with known/suspected HIV	☐	☐	☐
An injection drug user	☐	☐	☐
A person from an HIV endemic area	☐	☐	☐
Another high risk partner	☐	☐	☐
3) Has used needles for recreational (non-medical) drug injection	☐	☐	☐
4) Has received blood or blood products a) Prior to Nov. 1985	☐	☐	☐
b) After Nov. 1985	☐	☐	☐
5) Has received blood or blood products for treatment of a coagulation disorder			
a) Prior to Nov. 1985	☐	☐	☐
b) After Nov. 1985	☐	☐	☐
6) Has been exposed to HIV in an occupational setting (e.g. needlestick injury)	☐	☐	☐
7) Born to an HIV positive mother	☐	☐	☐
8) Born in or resident of an HIV-endemic country	☐	☐	☐

9) Has had:
- ☐ **tattoo**
- ☐ **body piercing**
- ☐ **acupuncture**
- ☐ **blood contact from bite, altercation, etc.**

10) Other exposure which could have been source of HIV infection, specify _____

11) No identifiable risk factor ☐

Interview for partners at risk to be done by: **Physician** **Yes** ☐ **No** ☐ **Public Health Nurse** **Yes** ☐ **No** ☐

If by public health nurse, physician must first obtain informed consent from client. Has informed consent been obtained? ☐ **Yes** ☐ **No**

CONTACT INFORMATION ON PARTNERS TO BE FOLLOWED BY PUBLIC HEALTH:

Name _____ Home tel _____ Work tel _____
Alias _____ Sex ☐ F ☐ M
Address _____ Postal Code _____ Age/Birth date _____
Occupation _____ Place of Employment/School _____
☐ Live-In Partner ☐ Single Other _____ Lives with ☐ Parents ☐ Informant ☐ Other
Characteristics: Height _____ Wt. _____ Eye Colour _____ Hair _____ Complexion _____
Sexual Exposure: (First) _____ To _____ (Last) Parenteral (First) _____ To _____ (Last)
Notified: Yes ☐ Date _____ No ☐ By Whom _____

APPENDIX C
HIV Descriptive Tables

NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY AGE AND GENDER, 2004, 2003, CUMULATIVE 1985-2002 AND 1985-2004

Age Category	Gender	2004	2003	1985-2002	1985-2004
<15	M	0	1	6	7
	F	3	3	5	11
15-19	M	1	0	15	16
	F	2	0	11	13
20-24	M	4	3	95	102
	F	6	4	34	44
25-29	M	11	9	158	178
	F	11	9	50	70
30-34	M	15	15	191	221
	F	10	7	36	53
35-39	M	12	16	129	157
	F	2	9	25	36
40-44	M	9	11	77	97
	F	3	6	10	19
45-49	M	7	8	48	63
	F	4	1	8	13
50+	M	6	7	76	89
	F	3	1	11	15
Total	**M**	**65**	**70**	**795**	**930**
	F	**44**	**40**	**190**	**274**

NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY GEOGRAPHIC RESIDENCE AND GENDER, 2004, 2003, CUMULATIVE 1985-2002 AND 1985-2004

Geographic Residence	Gender	2004	2003	1985-2002	1985-2004
Assiniboine	M	0	1	1	2
Brandon	M	2	1	1	4
	F	0	0	1	1
Brandon, Assiniboine	M	0	0	18	18
	F	0	0	1	1
Burntwood	M	1	2	6	9
	F	2	1	2	5
Central	M	4	1	30	35
	F	4	2	8	14
Interlake	M	2	1	27	30
	F	0	0	5	5
Norman	M	0	0	5	5
	F	0	0	1	1
N. Eastman	M	3	1	2	6
	F	1	0	1	2
N. Eastman, S. Eastman	M	0	0	11	11
	F	0	0	2	2
S. Eastman	M	0	0	2	2
	F	0	1	0	1
Winnipeg	M	53	62	662	777
	F	36	35	160	231
Parkland	M	0	0	5	5
	F	1	0	1	2
Out of Province	M	0	0	22	22
	F	0	0	7	7
Unknown/Missing	M	0	1	3	4
	F	0	1	1	2
Total	**M**	**65**	**70**	**795**	**930**
	F	**44**	**40**	**190**	**274**

NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY TRANSMISSION CATEGORY AND GENDER, 2004, 2003, CUMULATIVE 1985-2002 AND 1985-2004

Transmission Category	Gender	2004	2003	1985-2002	1985-2004
MSM	M	21	13	426	460
MSM/IDU	M	1	3	47	51
Heterosexual	M	11	18	126	155
	F	7	14	75	96
IDU	M	5	13	107	125
	F	6	7	69	82
Perinatal	M	0	0	2	2
	F	0	0	1	1
Recp B/B products	M	0	0	30	30
	F	2	1	8	11
Endemic	M	10	12	24	46
	F	11	14	25	50
NIR	M	17	11	33	61
	F	18	4	12	34
Total	**M**	**65**	**70**	**795**	**930**
	F	**44**	**40**	**190**	**274**

MSM = men having sex with men
IDU = injection drug use
Recp B/B products = recipient of blood/blood products
NIR = no identified risk
Heterosexual activity includes persons reporting heterosexual activity with person(s) at risk of HIV infection
Endemic includes persons originating from or have resided in a country with a high prevalence of HIV

APPENDIX D
AIDS Descriptive Tables

NUMBER OF REPORTED AIDS CASES AND DEATHS*
IN MANITOBA BY YEAR OF DIAGNOSIS

Year	Cases Reported	Deaths Reported
1985	1	1
1986	13	13
1987	9	9
1988	5	5
1989	16	13
1990	10	10
1991	26	21
1992	15	13
1993	15	13
1994	16	12
1995	15	12
1996	17	9
1997	4	3
1998	10	7
1999	12	9
2000	8	8
2001	9	6
2002	12	4
2003	15	7
2004	5	2
Total	**233**	**177**

Because of delays in reporting, the number of reported cases and deaths does not necessarily represent the number of cases diagnosed or deaths occurring during this period.

NUMBER OF REPORTED AIDS CASES IN MANITOBA BY AGE, GENDER AND DIAGNOSIS YEAR

Age Category	Gender	2004	2003	1985-2002	1985-2004
<15	M	0	0	2	2
	F	0	0	1	1
15-19	M	0	0	1	1
20-29	M	0	1	31	32
	F	1	1	3	5
30-39	M	1	4	94	99
	F	0	3	7	10
40-49	M	1	3	41	45
	F	1	2	5	8
50+	M	0	1	26	27
	F	1	0	2	3
Total	M	**2**	**9**	**195**	**206**
	F	**3**	**6**	**18**	**27**

NUMBER OF REPORTED AIDS CASES IN MANITOBA BY GEOGRAPHIC RESIDENCE AT TIME OF DIAGNOSIS AND GENDER

Regional Health Authority	Gender	2004	2003	1985-2002	1985-2004
Assiniboine	M	0	0	3	3
Brandon	M	0	0	3	3
Burntwood	M	0	0	1	1
Churchill	F	0	0	1	1
Interlake	M	0	0	3	3
Norman	M	0	0	1	1
Parkland	M	0	0	3	3
	F	0	0	1	1
S. Eastman	M	0	0	1	1
Winnipeg	M	2	9	177	188
	F	3	6	16	25
Out of Province	M	0	0	3	3
Total	M	**2**	**9**	**195**	**206**
	F	**3**	**6**	**18**	**27**

NUMBER OF REPORTED AIDS CASES IN MANITOBA BY PRIMARY TRANSMISSION CATEGORY, GENDER AND YEAR OF DIAGNOSIS

Transmission Category	Gender	2004	2003	1985-2002	1985-2004
MSM	M	1	1	129	131
MSM/IDU	M	0	0	10	10
Heterosexual	M	0	3	20	23
	F	2	2	8	12
IDU	M	1	3	13	17
	F	0	3	4	7
Perinatal	M	0	0	1	1
	F	0	0	1	1
Recp B/B products	M	0	1	15	16
	F	0	0	2	2
Endemic	M	0	0	4	4
	F	1	1	3	5
NIR	M	0	1	3	4
Total	M	**2**	**9**	**195**	**206**
	F	**3**	**6**	**18**	**27**